



# State of New Jersey

OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
STATE ATHLETIC CONTROL BOARD  
P.O. Box 180  
TRENTON, NJ 08625-0180

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

PAULA T. DOW  
*Attorney General*

TONY ORLANDO  
*Chairman*

STEVEN KATZ  
DENNIS MCDONOUGH  
*Members*

AARON M. DAVIS  
*Commissioner*

TO: *AD* PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING MANAGERS AND SECONDS

FROM: Aaron M. Davis  
Commissioner

RE: New Jersey Boxer/Mixed Martial Arts/Kickboxer Manager and Second License Application  
**RENEWAL: July 1, 2010 through June 30, 2011**

**Enclosed are the annual requirements for license application as a Professional Boxing/Mixed Martial Arts/Kickboxing Manager or Second in the State of New Jersey.**

To be licensed as an **Manager**, you must submit the following to this office:

1. Completed License Application Form
2. Check or money order in the amount of \$25.00, payable to the NJ State Athletic Control Board
3. Suggested: NJ Boxer-Manager Contracts (see managers note on reverse side of this document)

To be licensed as a **Second**, you must submit the following to this office:

1. Completed License Application Form
2. Check or money order in the amount of \$25.00 payable to the NJ State Athletic Control Board

**NOTE:** If you are applying for both Manager and Second licenses, please submit a check or money order in the amount of \$50.00, payable to the NJ State Athletic Control Board.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.

**LICENSEES ARE REMINDED:** You are subject to the requirements of State Athletic Control Board rules, provided by Chapter 46 of New Jersey's Administrative Code. Specific attention is directed to "Subchapter 23, Standards of Conduct". Subchapter 23 identifies financial interests that are prohibited and other financial interests that require prior disclosure to this office.



**MANAGERS:** The requirements of "Subchapter 12, Rules to Safeguard Health" also should be given particular attention. They include mandatory Medical Examinations needed by Professional Boxers to obtain a license to box in the State of New Jersey.

To reduce the cost for individual tests, the Board has obtained an agreement from Occupational Health, Bridgeton Health Center to provide medical testing at specific rates. For further information contact:

Occupational Health  
Bridgeton Health Center, Ground Floor  
333 Irving Avenue, Bridgeton, New Jersey 08302  
Phone: 856.575.4835 (direct phone #)  
Fax: 856.453.1218  
E-Mail: [piercej@sjhs.com](mailto:piercej@sjhs.com)

**MANAGERS:** You should also pay attention to "Subchapter 5, Boxers" and the subject of Boxer-Manager contracts within New Jersey. Submitting a valid Boxer-Manager contract to this office may avoid possible disputes or court action. **IMPORTANT: EFFECTIVE JUNE 15, 2004, ALL BOXER-MANAGER CONTRACTS SHALL BE EXECUTED AND SIGNED IN THE PRESENCE OF THE COMMISSIONER. IN ORDER TO HAVE THE CONTRACT RECOGNIZED, PLEASE SCHEDULE AN APPOINTMENT WITH THE COMMISSIONER.**

If there are any questions regarding your application, please contact this office at (609) 292-0317.

AMD/tg  
Enclosures  
REV: 01.2010

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**AARON M. DAVIS**  
*Commissioner*

January 2010

Dear Applicant:

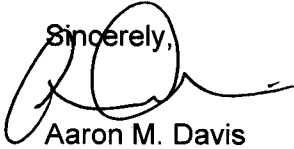
Please be advised that new procedures for obtaining a SACB license are being implemented. Please note and adhere to the directions below.

All application packets must be completed in full and received by New Jersey State Athletic Control Board office no later than 4:00 p.m. two days prior to the event. Application packets will consist of:

- an application
- a digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed)
- a signature in bold pen spanning the width of an 8.5 x 11 sheet of paper
- a digital "head shot" photo (cannot be faxed) and if e-mailed jpeg or bitmap format
- a check or money order covering all fees (made payable to N.J.S.A.C.B.)

Application packets can be submitted by e-mail ([SACBLicensing@lps.state.nj.us](mailto:SACBLicensing@lps.state.nj.us)), US mail, or in person at the Trenton office.

No license will be issued until all requirements are met.

Sincerely,  
  
Aaron M. Davis  
Commissioner  
SACB

AMD/tg

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**\*\*PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. \*\***

**\*\*\*\*NO CASH!\*\*\*\***

**NEW JERSEY STATE ATHLETIC CONTROL BOARD  
LICENSE APPLICATION**

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Office Fax: (609)341-5038 Medicals Fax: (609)292-3756

SACB Webstie: [www.nj.gov/oag/sacb](http://www.nj.gov/oag/sacb)

**Check (✓) or Circle Type/s of License**

<b><u>CONTESTANT</u></b> <input type="checkbox"/> Boxer \$5 <input type="checkbox"/> Kickboxer \$5 <input type="checkbox"/> Mixed Martial Artist \$5	<b><u>MANAGER</u></b> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<b><u>SECOND</u></b> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25 <input type="checkbox"/> Timekeeper \$25 <input type="checkbox"/> Other \$ _____
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<b><u>REFEREE</u></b> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75 <input type="checkbox"/> Amateur MMA	<b><u>JUDGE</u></b> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75 <input type="checkbox"/> Amateur MMA	<b><u>PROMOTER</u></b> <input type="checkbox"/> Boxing \$300 <input type="checkbox"/> Kickboxing \$300 <input type="checkbox"/> Professional Mixed Martial Arts \$300 <input type="checkbox"/> Amateur Mixed Martial Arts \$300	<b><u>MATCHMAKER</u></b> <input type="checkbox"/> Boxing \$100 <input type="checkbox"/> Kickboxing \$100 <input type="checkbox"/> Mixed Martial Arts \$100 <input type="checkbox"/> Amateur Martial Arts \$100
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**SECTION I (All Applicants) - Please Print**

NAME: \_\_\_\_\_ AKA or ALIAS (Other Names Used): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

MAILING ADDRESS (complete if different from above) CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE (Residence): ( ) \_\_\_\_\_ TELEPHONE (Business): ( ) \_\_\_\_\_ FAX#: ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SEX:  MALE  FEMALE CITIZENSHIP: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

Have you ever been convicted of a crime? If yes, explain:  YES  NO

Are you presently on any suspension list? If yes, explain:  YES  NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest?  YES  NO  
If yes, explain: \_\_\_\_\_

Has any license you've held been revoked? If yes, please explain:  YES  NO

List all other Athletic Commissions in which you are licensed:

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**SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print**

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain:  YES  NO

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Do you have any current medical conditions? If yes, please explain:  YES  NO

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Do you have a manager? If yes, provide name, address & telephone number:  YES  NO

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

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Have you had amateur experience? If yes, complete the following questions:  YES  NO

Amateur Record: \_\_\_\_\_ Number of Fights: \_\_\_\_\_

Submission Grappling Record: \_\_\_\_\_

Name of Gym or Club where you trained: \_\_\_\_\_

Name and Telephone Number of Trainer or Manager:

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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**SECTION III (Manager's & Second's Only) Please Print**

List names of boxers which you currently manage/second:

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Do you know of any medical conditions which your boxers currently have?: If yes, please explain  YES  NO

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I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:24-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



**State of New Jersey  
Department of Law & Public Safety  
State Athletic Control Board**

**CHILD SUPPORT QUESTIONS**

*Please certify, under penalty of perjury, the following:*

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Do you currently have a child-support obligation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", are you in arrears in payment of said obligation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", does the arrearage match or exceed the total amount payable for the past six months?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child support proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child-support-related arrest warrant?                                       | <input type="checkbox"/> | <input type="checkbox"/> |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*Social Security Number:**      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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[Large empty rectangular box for signature]

Sign your name inside the width of the box with thick black marker (large & bold)

PRINT NAME: \_\_\_\_\_